

# R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-001336**

FILED VS JAN 19 1960

144

Primary Registration District No. 4234

Registrar's No. 7

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Iron</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ironton</b>		Length of stay in 1b <b>4 days</b>		c. CITY OR TOWN <b>Ironton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's of the Ozarks</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>301 Buckey Court</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) <b>LETHA MAUDE BURNHAM</b>				First Middle Last		<b>4. DATE OF DEATH</b> <b>January 8, 1960</b>		Month Day Year		
<b>5. SEX</b> <b>female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>1/5/1876</b>	<b>9. AGE (last birthday)</b> <b>84</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>own home</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Bellevue, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>			
<b>13a. FATHER'S NAME</b> <b>Gentry Moyer</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Sarah Ann January</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>Bonaparte P. Burnham</b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> <b>Mr. B.P. Burnham, Ironton, Mo.</b>				Address		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Secondary to Pericarditis</i> DUE TO (c) <i>Coronary Pericarditis</i>							INTERVAL BETWEEN ONSET AND DEATH <b>27 hrs</b>  <b>?</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)						
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		Month, Day, Year								
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE		
<b>21. I attended the deceased from</b> <b>1930</b> to <b>1-8-60</b> and last saw her <sup>her</sup> alive on <b>1-8-60</b> Death occurred at <b>10 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.										
<b>22a. SIGNATURE</b> <i>George H. Skyles M.D.</i> (Degree or title)				<b>22b. ADDRESS</b> <i>Ironton Mo.</i>			<b>22c. DATE SIGNED</b> <b>1-9-60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>burial</b>		<b>23b. DATE</b> <b>1/10/1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Masonic</b>			<b>23d. LOCATION (City, town, or county)</b> <b>Ironton, Mo.</b>		(Site)		
<b>24. FUNERAL DIRECTOR</b> <b>White Funeral Home, Ironton, Mo.</b>				ADDRESS		<b>25. DATE RECD. BY LOCAL REG.</b> <b>1-9-60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Mrs. A. Jones</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Arvid White*

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.